

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

99 APR -5 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N46155 Corporation Name CAPITAL CITY TRANSPORTATION MANAGEMENT AGENCY, INC.		

Principal Place of Business FSU COLLEGE OF BUSINESS TALLAHASSEE FL 32306-1111	Mailing Address FSU COLLEGE OF BUSINESS TALLAHASSEE FL 32306-1111
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21 Principal Place of Business	26 Mailing Address	Date Incorporated or Qualified 11/22/1991
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	FBI Number 59-6152180
23 City & State	28 City & State	Applied For Not Applicable
24 Zip	25 Country	29 Zip
30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARVER, D. DEWAYNE FSU COLLEGE OF BUSINESS ROVETTA 321 TALLAHASSEE FL 32306-3037		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		CHANGES TO OFFICERS AND DIRECTORS	
TITLE	C D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, TOM	1.2 NAME	
STREET ADDRESS	2740 CENTERVIEW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32394-2100	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATFORD, CHARLES	2.2 NAME	
STREET ADDRESS	FDOT 805 SUWANNEE ST. MS50	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32399-0490	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, CARL	3.2 NAME	
STREET ADDRESS	2737 CENTERVIEW ROAD	3.3 STREET ADDRESS	WANDA HUNTER
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Leon County Courthouse Tallahassee FL 32301
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, DEBORAH	4.2 NAME	
STREET ADDRESS	3900 COMMONWEALTH BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32394	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, DALE	5.2 NAME	
STREET ADDRESS	FLORIDA LOTTERY, CAPITOL CTR COMPLEX	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tom McPherson DATE: 3/9/99 TIME: 644-2509
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR